CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE /									
195/06	18/5/06 Billy MYNATTE SHADWICK									
2.b. IF COMMITTEE, NAME OF CANDIDATE	6	,		3. ELECTION DA	ATE					
9				Nov	7,2006					
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone					
120 Shenrer ST, 5	49 1	154	TN		(423) 332 - 48	34				
4.b. CANDIDATE'S HOME ADDRESS (if differen	nt than 4.a.)	1	, ,,	37272	(403) -22 /					
Street or Rural Route	City		State	Zip Code	Phone					
5. OFFICE SOUGHT (include district number,	NAME OF POLITICAL TREASURER (may be candidate)									
5-D City Commission	SEIF									
7. CATEGORY OR REPORT (Check one)										
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAF						
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	R QUARTER	8.b. ENDING	GENERAL DATE OF REPO	SUPPLEMEN ORTING PERIOD	TAL SUPPLEMENTAL					
6/11/08		inho	126							
9. (Check pne)		COTTO	120							
a. This campaign is exempt from detail	ed disclosure becau	se contributions	s (including in-k	ind) received total	\$1,000 or less AND expend	di-				
a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)										
b. This campaign is required to file a d	b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000									
and/or expenditures total more than	\$1,000 for this repo	rting period.								
		10 00		P						
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign										
Financial Disclosure Act. Additionally, I/w	e swear or affirm tha	t no campaign	contributions ha	ave been expende						
benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.										
Billy M. Skadwick	10/5/6	6								
signature of candidate	date/		signature	of political treasur	er date					
11. WITNESS SIGNATURE										
signature of witness	date		sign	nature of witness	date					
12. SUMMARY										
a. BALANCE ON HAND LAST REPORT.				\$						
b. TOTAL RECEIPTS THIS PERIOD										
c. TOTAL DISBURSEMENTS THIS PERIO	D			s _800.L	*					
d. BALANCE ON HAND (12.a. plus 12.b						_				
2:08	NG OCT 12 PM									
e. TOTAL LOANS OUTSTANDING					SHONE					
	JISSIMMOS LEFELLION				5 00,00					
f. TOTAL OBLIGATIONS OUTSTANDING	NOT THE WAY				S S					



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD							
Billy MYWATTE ShAdwick	FROM: 6/6/26/06 T9:0/28/06							
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this period)\$								
b. Itemized Contributions (over \$100 from each source this period)\$ _のD. 々で								
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	00,86 \$ 60.80							
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 00.00							
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 00,00							
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 0000b							
DISBURSEMENTS								
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)								
\$								
\$								
\$								
\$								
\$								
\$								
\$								
\$								
\$								
Total of Expenditures (\$100 or less each payee)								
b. Itemized Expenditures (Over \$100 each payee this period)								
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 900							
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 000							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)								
22.IN-KIND CONTRIBUTIONS								
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$								
b. Itemized in-kind contributions (over \$100 from each source this period)								
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)								
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ 0000							
b. Itemized Obligations Outstanding (Over \$100 each)	\$ 00.00							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)								

SS-1133 (Rev. 4/02)

Page _____ of ____

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Billy M. Shadwick	2. REPORT COVER FROM: 6/6/6/6	ING THE PERIOD						
/	Amount							
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name SE/F	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code			800,20			
	MINES IN			A Section Live				
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			NEWS pap PIYERS CARDS SigNS	EN ARTICIE				
Address			NEWSANT					
City	State	Zip Code	PARIS					
			5:9N5		800.00			
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code	1					
				and the same of the same				
First Name Middle Name		Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name								
Address		Ī						
City	State	Zip Code						
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address			-					
City	State	Zip Code	-					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name		-						
Address								
City	State	Zip Code	-					
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must					800.00			